Children's Mental Health/Child Welfare Protocol

PURPOSE

The purpose of this protocol is to provide direction and guidance to the Children and Family Service (CFS) programs regarding the interaction and integration of the two components of this program (Children's Mental Health and Children Welfare). Both segments of the CFS program have distinct functions and target populations. This protocol is not intended to modify or bypass those functions, but to define them and describe how the two components of CFS can coordinate services to children with mental health needs and their families. These standards are intended to achieve statewide consistency in the development and application of CMH core services and shall be implemented in the context of all applicable laws, rules and policies.

INTRODUCTION

According to Creating Systems of Care in the Changing Society (Stroul, 1996), the needs of families and children do not fit neatly in organizational boxes and that stakeholders of the children welfare and the children's mental health systems are recognizing the mutual benefits of collaborative relationships. It is often difficult to determine if a child's emotional disturbance frustrates a family to the point of maltreatment or the maltreatment by a family contributes to the child's emotional disturbance; probably both are accurate. Regardless of the causes, it is clear that both the child welfare and the children's mental health systems play a role in the treatment of children with emotional disturbance. Children in out-of-home care have especially high prevalence of emotional and behavioral disturbance- researchers estimate rates from 22% to 80%. In addition to the risk factors that these children experience before out-of-home placement, the trauma of being separated from their families, neighborhoods, and cultural ties also contribute to their vulnerability and to psychological problems.

The Department of Health and Welfare's mission is, "To promote and protect the health and safety of Idahoans." With that in mind, this protocol is designed to facilitate the provision of services in the Children and Family Services programs at the point of intersection between Children's Mental Health and Child Welfare. In defining the relationship between children's mental health and child welfare, this protocol establishes standards for interactions and outlines strategies for best treating the children in the custody of the State of Idaho through child protection.

CORE VALUES

- The system of care should be child-centered and family focused, with the needs of the child and family dictating the types and mix of services provided.

- The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.

- Children with emotional disturbance should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.

- Children with emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.

- Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.

- The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

- The needs of children and families can more effectively be met through flexible funding strategies than through categorical funding restricted to the most expensive resources.

STANDARDS

1. **Children in the custody of DHW shall be assessed for physical and mental health well being, by their primary case manager.**

2. **A CW social worker and a CMH clinician shall jointly manage the services provided to children in the custody of DHW, through child protection, with a serious emotional disturbance.**

3. **CMH funding shall only be used for children that meet the CMH eligibility criteria and have an open CMH Presenting Issue.**

4. **Any placement into residential treatment made through Children and Family Services shall include CMH involvement to contribute clinical knowledge in planning and outcome development.**

5. **CMH and CHP Presenting Issues in the FOCUS system shall only be opened and followed by the respective program staff.**

6. **The usage and development of therapeutic foster care shall be the responsibility of both child welfare and children's mental health, with**

recognition of the voluntary and involuntary nature and philosophy of each program.

7. **Families of children in the custody of DHW shall be given the first opportunity to apply for children's mental health services; however, no children will be denied access to Children's Mental Health services due to the failure of their family to take action.**

8. **Families and foster families, when involved, shall be included in the development of their child's treatment planning wherever possible. If inclusion is not possible, each family and foster family shall be informed of his or her child's course of treatment at a minimum.**

9. **Children's mental health clinicians and child welfare social workers shall serve as cross-program consultants for service plan development and treatment evaluation per their programmatic expertise.**

10. **Regional continuous quality improvement processes and activities shall be delivered through a single CQI Team that includes both CMH and CW staff.**

11. **Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**

STRATEGIES FOR IMPLEMENTATION OF STANDARDS

- **Children in the custody of DHW shall be assessed for physical and mental health well being, by their primary case manager.**

All children shall be screened for physical and mental health issues and needs. CMH is available to conduct screenings for children in DHW custody if that child is believed to have SED and is in need of mental health services. The CMH Prescreening Tool (see FACSPM 01-12) can be used to identify the mental health needs of children in CW. Provided that the requirements of STANDARD 7 of this document have been followed, an application for CMH services can be completed. CMH clinicians shall be available to staff cases with CW if questions persist regarding the appropriateness of a CMH referral.

- **A CW social worker and a CMH clinician shall jointly manage the services provided to children in the custody of DHW, through child protection, with a serious emotional disturbance.**

The CMH program has a specific target population for the provision of on-going mental health services to children, serious emotional disturbance (SED). Any child that is in the custody of DHW through child welfare that has SED needs to have an open CMH presenting issue addressed by a CMH clinician. This is necessary in order for the child to gain access to treatment funds available through the CMH funding stream. Provided that

the child has SED and is involved in child welfare, the CMH clinician will be responsible for the coordination, provision and review of the mental health services per program requirements. The child welfare social worker will be responsible for the placement and reunification efforts per program requirements.

- **CMH funding shall only be used for children that meet the CMH eligibility criteria and have an open CMH Presenting Issue.**

This requirement is established through the requirements of the state mental health block grant, Jeff D. settlements and internal funding stream guidelines. Children in the custody of CW that need mental health services but do not meet SED criteria need to utilize CW funding to purchase those services.

- **Any placement into residential treatment made through Children and Family Services shall include CMH involvement to contribute clinical knowledge in planning and outcome development.**

Only children with SED will be opened and carried as an on-going case by the CMH program. However, any child placed in residential treatment must have a CMH clinician input. Residential treatment is a restrictive and expensive service that requires extensive planning and close review in order to assure that the child's treatment needs are being met as efficiently and effectively as possible. When a child is placed in residential treatment through child welfare and does not meet SED criteria, the placement team may request a CMH clinician to provide consultation for the development of a residential treatment plan and to develop expected outcomes from the placement.

- **CMH and CHP Presenting Issues in the FOCUS system shall only be opened and followed by the respective program staff.**

It is critical that the data inputted into the FOCUS system is accurate and complete because it is used for reporting, accountability, and case management purposes. Children's mental health staff and child welfare staff have received unique and specialized training in FOCUS as a result of programmatic requirements. It is critical that only children's mental health staff open and carry CMH presenting issues and only child welfare staff open and carry CHP presenting issues to preserve the integrity on the data.

- **The usage and development of therapeutic foster care shall be the responsibility of both child welfare and children's mental health, with recognition of the voluntary and involuntary nature and philosophy of each program.**

A single TFC program can meet the needs of both programs and both programs will play a role in the development of a regional TFC program. Therapeutic foster care (TFC) is a service that is useful to both CMH and CW, but the philosophies of each can be different.

For the purposes of this standard, therapeutic foster care and treatment foster care are synonymous.

- **Families of children in the custody of DHW shall be given the first opportunity to apply for children's mental health services; however, no children will be denied access to Children's Mental Health services due to the failure of their family to take action.**

The philosophies of children's mental health and child welfare are distinct and not always complementary. By law, child welfare has a duty to care for the physical and mental health needs of a child in custody. Also by law, children's mental health is required to seek a parent's informed consent for their child's mental health services. This creates a dilemma at the intersection of these two programs of CFS. To resolve the dilemma the parent of the child in custody will be given the first opportunity to apply for children's mental health services. The parent will be given three business days to apply for children's mental health services. If he or she refuse, or delays the process, the child welfare staff will apply for children's mental health services for the child per program procedures.

- **Families and foster families, when involved, shall be included in the development of their child's treatment planning wherever possible. If inclusion is not possible, each family and foster family shall be informed of his or her child's course of treatment at a minimum.**

Whenever a child in the custody of DHW through child welfare has a SED and is receiving services from CMH, it is required that the family, surrogate family and the foster family will be involved in the treatment planning process. Situations that prevent the involvement of families in treatment planning should be documented and the treatment team shall pursue all possible means for informing the families of their child's mental health treatment.

- **Children's mental health clinicians and child welfare social workers shall serve as cross-program consultants for service plan development and treatment evaluation per their programmatic expertise.**

CW social workers and CMH clinicians have programmatic expertise in their respective fields and can benefit one another through cross-program consultation. Given that neither CMH nor CW can open and carry a case if the child or family is not within target population, each program should make available their expertise to the other program for consultation. CMH clinicians can act as consultants to CW for identifying and planning appropriate mental health services for child in the custody of child welfare that do not meet SED criteria. CW social workers can act as consultants to CMH when child protection issues complicate the treatment outcomes of the CMH plan.

- **Regional continuous quality improvement processes and activities shall be delivered through a single CQI Team that includes both CMH and CW staff.**

The CMH and CW programs have requirements for continuous quality improvement (CQI) activities. CQI activities of both shall be integrated into a single system. The teams will include both CMH and CW staff, working jointly to assure activities are coordinated and delivered cooperatively.

- **Any variance to these standards shall be documented and approved by division administration, unless otherwise noted.**

These standards shall be followed by the CFS program and any variance shall be approved by division administration, unless the standard notes another specific type of variance documentation.